

ARIZONA STATE TRAUMA REGISTRY (ASTR) GUIDE TO TRAUMA PATIENT INCLUSION CRITERIA

(Effective for trauma records with ED/Hospital Arrival Dates Jan. 1, 2008 forward)

There are 3 ways that a patient can meet the ASTR trauma patient inclusion criteria:*

1. Triageed from the scene by EMS as a trauma patient because of injury or suspected injury OR
2. Trauma team was activated because of patient's injury or suspected injury OR
3. Patient was admitted or died as a result of qualifying injury diagnosis code(s)

*A patient may meet one, two or all three of the above inclusion criteria. This document was created as a guide for registrars to quickly determine if a record should be submitted to ASTR.

Please follow -IN ORDER- the questions below to determine if a patient meets the ASTR Trauma Patient Inclusion Criteria:

#1) Was the patient triaged from a scene to a trauma center or ED based upon the responding EMS provider's trauma triage protocol?

YES – This patient meets the ASTR inclusion criteria. Stop here and enter the patient.

NO – Go to Question #2.

#2) Was a hospital trauma team activated for this patient?

YES – This patient meets the ASTR inclusion criteria. Stop here and enter the patient.

NO – Go to Question #3.

Note: If a patient meets criteria #1 or #2 above the record will be submitted to ASTR no matter what ICD-9-CM diagnosis code(s) the patient has at discharge. Criteria #1 and #2 are meant to capture any patient that utilizes trauma resources, regardless of the final diagnosis.

Question #3 below will require you to run a search of hospital records that are NOT found on the trauma activation log. Please check your hospital ICD-9-CM diagnosis codes to see if there are injured patients who did not activate the trauma team, but should be submitted to ASTR based on qualifying injury diagnosis codes.

#3) Does the patient have an ICD-9-CM injury final diagnosis code within 800-959.9 AND was the patient admitted or died as a result of the injury?

YES – Check the exclusion diagnosis codes to see if patient meets ASTR criteria. (Go to Question #4.)

NO – This patient does not meet the ASTR inclusion criteria. Stop here and do not enter the patient.

#4) Does the patient have at least one injury diagnosis (800-959.9) other than the exclusions listed below?

ICD-9-CM N-code Exclusions:

1. Late effects of injury or another external cause
(Diagnosis code within categories 905 through 909)
2. A superficial injury or contusion
(Diagnosis code within categories 910 through 924)
3. Effects of a foreign body entering through an orifice
(Diagnosis code within categories 930 through 939)
4. Isolated femoral neck fracture from a same level fall
(**This type of injury is only excluded if from a same level fall. Check E-code.**)
(Diagnosis code within category 820 AND E-code within category E885 or E886)
5. Distal extremity fracture from a same level fall
(**This type of injury is only excluded if from a same level fall. Check E-code.**)
(Diagnosis code within categories 813 through 817 or 823 through 826 AND E-code within category E885 or E886)
6. An isolated burn
(Diagnosis code within categories 940 through 949)

YES – Patient has at least one injury diagnosis that is not an excluded code. This patient meets the ASTR inclusion criteria. Stop here and enter the patient.

NO – Patient ONLY has ICD-9-CM codes from the exclusion list and therefore does not have a qualifying injury. This patient does not meet the ASTR inclusion criteria. Stop here. Do not enter the patient.

Note: There are six types of ASTR exclusions within the ICD-9-CM 800-959.9 diagnosis code range. If a patient ONLY has injuries from the exclusion list, they do not meet ASTR criteria for inclusion. However, if a patient has an excluded injury plus a qualifying injury (e.g., isolated burn AND skull fracture), the patient does meet the inclusion criteria. This is why the inclusion definition rule is worded as “Does not ONLY have...”